
Tobacco Use

Targeting the Nation's Leading Killer: At A Glance 2010



On this Page

- [At A Glance](#)
- [Success Stories](#)
- [Related Materials](#)

The Burden of Tobacco Use

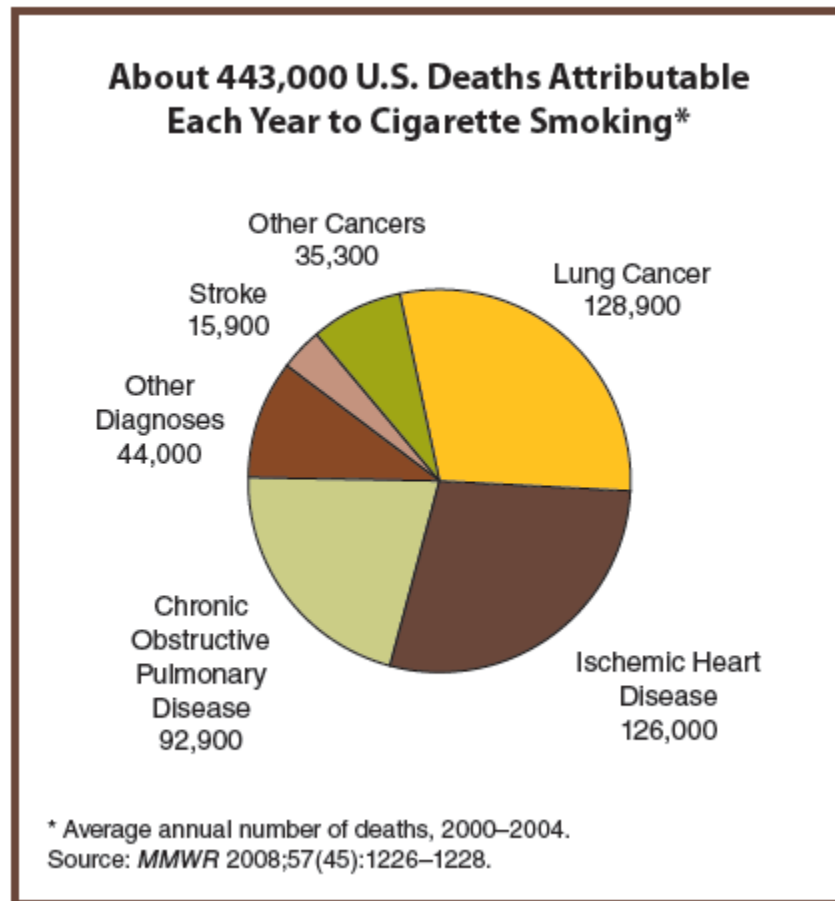
Tobacco use is the single most preventable cause of disease, disability, and death in the United States. Each year, an estimated 443,000 people die prematurely from smoking or exposure to secondhand smoke, and another 8.6 million have a serious illness caused by smoking. Despite these risks, approximately 46 million U.S. adults smoke cigarettes. Smokeless tobacco, cigars, and pipes also have deadly consequences, including lung, larynx, esophageal, and oral cancers.

The harmful effects of smoking do not end with the smoker. More than 126 million nonsmoking Americans, including children and adults, are regularly exposed to secondhand smoke. Even brief exposure can be dangerous because nonsmokers inhale many of the same carcinogens and toxins in cigarette smoke as smokers.

Secondhand smoke exposure causes serious disease and death, including heart disease and lung cancer in nonsmoking adults and sudden infant death syndrome, acute respiratory infections, ear problems, and more frequent and severe asthma attacks in children. Each year, primarily because of exposure to secondhand smoke, an estimated 3,000 nonsmoking Americans die of lung cancer, more than 46,000 die of heart disease,

and about 150,000–300,000 children younger than 18 months have lower respiratory tract infections.

Coupled with this enormous health toll is the significant economic burden of tobacco use—more than \$96 billion per year in medical expenditures and another \$97 billion per year resulting from lost productivity.



The Tobacco Use Epidemic Can Be Stopped

The Institute of Medicine (IOM) report, *Ending the Tobacco Problem: A Blueprint for the Nation*, presents a plan to “reduce smoking so substantially that it is no longer a public health problem for our nation.” Foremost among the IOM recommendations is that each state should fund a comprehensive tobacco control program at the level recommended by CDC in *Best Practices for Comprehensive Tobacco Control Program—2007*, a guide to help states plan and establish effective tobacco control programs to prevent and reduce tobacco use.

Evidence-based, statewide tobacco control programs that are comprehensive, sustained, and accountable have been shown to reduce smoking rates, tobacco-related deaths, and diseases caused by smoking. A comprehensive program is a coordinated effort to establish smoke-free policies and social norms, promote cessation, help tobacco users

quit, and prevent initiation of tobacco use. This approach combines educational, clinical, regulatory, economic, and social strategies.

Research has documented the effectiveness of laws and policies to protect the public from secondhand smoke exposure, promote cessation, and prevent initiation when they are applied in a comprehensive way. For example, states can

- Increase the unit price of tobacco products.
- Implement smoke-free policies, regulations, and laws.
- Provide insurance coverage of tobacco-use treatment.
- Limit minors' access to tobacco products.

CDC's Response

CDC is the lead federal agency for tobacco control. CDC's Office on Smoking and Health provides national leadership for a comprehensive, broad-based approach to reducing tobacco use. A variety of government agencies, professional and voluntary organizations, and academic institutions have joined together to advance this approach, which involves the following:

- Preventing young people from starting to smoke.
- Eliminating exposure to secondhand smoke.
- Promoting quitting among young people and adults.
- Identifying and eliminating tobacco-related health disparities.

Essential elements of this comprehensive approach include state-based, community-based, and health-system-based interventions; cessation services; countermarketing; policy development and implementation; surveillance; and evaluation. These activities target groups who are at highest risk for tobacco-related health problems.

CDC also promotes **MPOWER**, which is a package of six proven policies identified by the World Health Organization that can help reduce tobacco use and tobacco-related illness and death.

Monitor tobacco use and prevention policies.

Protect people from tobacco smoke.

Offer help to quit tobacco use.

Warn about the dangers of tobacco.

Enforce bans on tobacco advertising.

Raise taxes on tobacco.

Sustaining State Programs

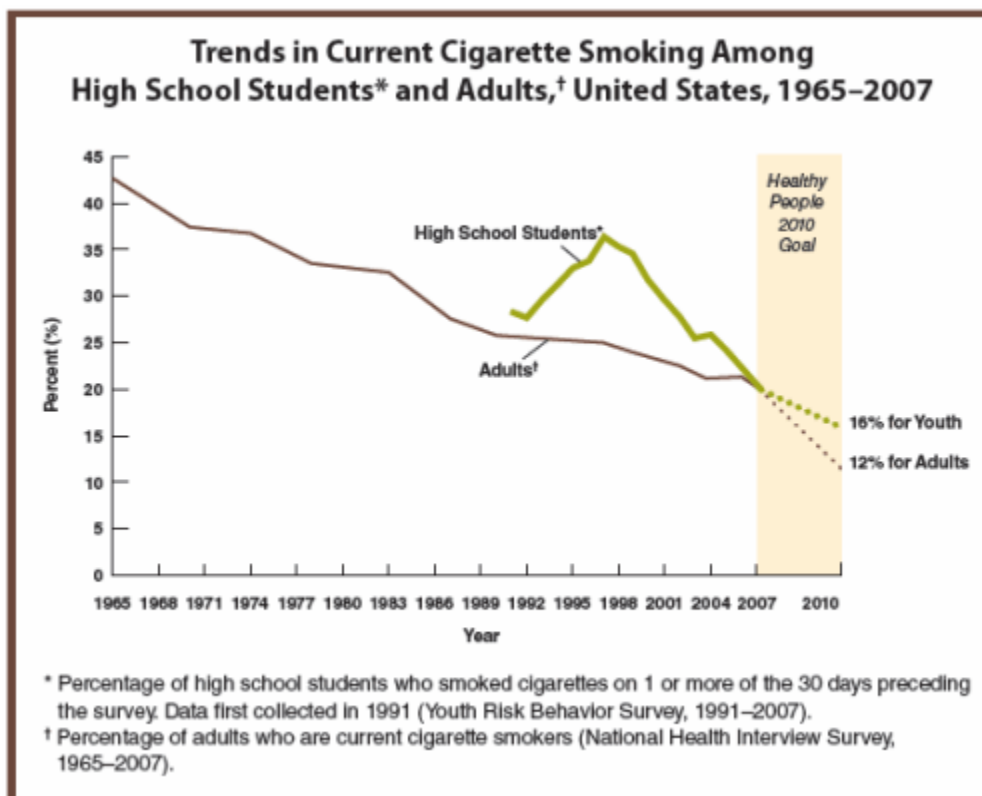
CDC continues to support comprehensive programs to prevent and control tobacco use in all 50 states, the District of Columbia, 8 U.S. territories/jurisdictions, and 7 tribal-

serving organizations. In addition, CDC funds 6 national networks to reduce tobacco use among specific populations. CDC also provides funding to 22 state education agencies and 1 tribal government for coordinated school health programs to help prevent tobacco use. CDC publishes and disseminates accepted best practices to help states plan, implement, evaluate, and sustain their own tobacco control programs. The agency also provides technical assistance and training in these efforts.

Expanding the Science Base

CDC is responsible for conducting and coordinating research, surveillance, laboratory, and evaluation activities related to tobacco and its impact on health. For example, CDC

- Monitors tobacco use, related behaviors, and tobacco control programs and policies.
- Conducts process, outcome, and impact evaluation of comprehensive tobacco control programs and policies.
- Researches, writes, and publishes reports, manuals, papers, and surveillance material to answer important questions about tobacco control.
- Provides technical assistance to states for the Adult Tobacco Survey, Youth Tobacco Survey, and other survey systems.
- Provides technical assistance to countries that use the Global Tobacco Surveillance System (school-based and household-based surveys).
- Evaluates additives and chemical constituents of tobacco and tobacco smoke.



Communicating Information to the Public

CDC translates research into practice by keeping the public, policy makers, health professionals, and partners informed about current developments and initiatives in tobacco control.

- In fiscal year 2009 (FY 2009), CDC responded to about 20,000 tobacco-related inquiries and distributed nearly 650,000 publications and video products. In addition, nearly 5 million people visited CDC's Smoking & Tobacco Use Web site.
- CDC works with other federal, state, and local agencies to provide materials and resources to educators, employers, public health workers, the media, and other community leaders who are working to prevent tobacco use.
- Through the Media Campaign Resource Center and the Cessation Resource Center, CDC helps states stretch their media budgets by using and adapting existing ads and other materials rather than creating new ones.

Promoting Action Through Partnerships

CDC works with a variety of national and international partners to ensure that diverse groups are involved in tobacco control efforts. The following are examples of these partnership activities:

- CDC is the lead agency for the 21 national objectives on tobacco use in *Healthy People 2010*.
- CDC staffs the U.S. Department of Health and Human Services' Interagency Committee on Smoking and Health, which coordinates research programs among federal, state, local, and private agencies.
- CDC coordinates and promotes tobacco prevention and control activities with partners, including the American Cancer Society, the American Heart Association, Americans for Nonsmokers' Rights, the American Legacy Foundation, the American Lung Association, the Campaign for Tobacco-Free Kids, the National Cancer Institute, the Robert Wood Johnson Foundation, the Substance Abuse and Mental Health Services Administration, the Tobacco Technical Assistance Consortium, the U.S. Environmental Protection Agency, the U.S. Food and Drug Administration (FDA), the World Bank, and numerous national networks.
- CDC, in partnership with the National Cancer Institute, the North American Quitline Consortium, and state tobacco control programs, has developed the National Network of Tobacco Cessation Quitlines. By calling 1-800-QUIT NOW, callers from across the nation have free and easy access to tobacco cessation services in their state.

Future Directions

CDC will continue to work with policy makers, health officials, partners, and the public to ensure that tobacco control remains a core component of public health domestically and globally. Agency priorities include the following:

- Advancing the implementation of evidence-based policies (e.g., price increase, smoke-free policies).
- Helping states increase their resources for comprehensive tobacco control programs.
- Expanding access to and reach of quitlines.
- Supporting the FDA's implementation of tobacco regulations.

Success Stories

Funding for Tobacco Control in North Dakota

Strained economies have affected state funding for comprehensive tobacco control programs nationwide. Many states have reduced or eliminated funding for tobacco control efforts. Despite economic challenges, North Dakota significantly increased its funding for tobacco control and, in 2010, was the only state whose funding met CDC-recommended levels.

Historically, North Dakota has had low funding for tobacco control programs and one of the lowest tobacco tax rates in the nation. Like other states with financial challenges, North Dakota has used CDC's resources, training, and technical assistance to organize its strategic efforts to prevent and control tobacco use.

North Dakota also adopted guidance published in CDC's *Best Practices for Comprehensive Tobacco Control Programs—2007*, which shows that funding comprehensive tobacco control at appropriate levels over time will result in significant and sustainable reductions in statewide tobacco use.

As a result of North Dakota's strategic efforts, state voters supported ballot Measure 3 to fund comprehensive tobacco prevention and control at a level equal to or greater than recommendations from CDC's *Best Practices for Comprehensive Tobacco Control Programs—2007*. With the approval of Measure 3, state legislators appropriated \$9.3 million annually for tobacco prevention and control efforts through 2011.

Previously, North Dakota invested approximately \$3.1 million annually in tobacco prevention and control. The increased investment in comprehensive tobacco prevention and control in North Dakota is expected to

- Reduce youth smoking by about 13%.
- Prevent about 4,500 children from becoming smokers.
- Encourage more than 3,500 adult smokers to quit.
- Save more than 2,000 North Dakotans from dying prematurely from smoking.
- Save \$113 million in health care costs.

The passing of Measure 3 and the increase in state funding for tobacco control show how North Dakota achieved statewide support for effective tobacco control programs, which are expected to result in improved health and economic outcomes.

Passing Smoke-Free Laws in Wisconsin, North Carolina, and Michigan

CDC's recommendations for comprehensive tobacco control programs include eliminating exposure to secondhand smoke. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General 2006* concluded that no level of secondhand smoke exposure is safe. This finding, which CDC's educational and promotional efforts advanced, encouraged state and local governments to adopt comprehensive, smoke-free legislation.

Of the 24 states that have enacted smoke-free laws, 17 did so after the publication of the report and CDC's efforts to promote the findings. In 2004, only an estimated 11% of the U.S. population was protected by laws that ban smoking in workplaces, restaurants, and bars. In 2009, the percentage of people protected reached an estimated 41.2%.

In 2009, Wisconsin, North Carolina, and Michigan passed smoke-free workplace policies aimed at protecting the public from secondhand smoke exposure. These states used policy recommendations from CDC's *Best Practices for Comprehensive Tobacco Control Programs—2007* to enact smoke-free legislation.

Wisconsin's smoke-free laws will cover almost all enclosed public places and places of employment, including restaurants, bars, and all sports arenas. In addition, Wisconsin became the first state to ban smoking in all hotel guest rooms.

When North Carolina passed its smoke-free law, it became the first major tobacco-growing state to ban smoking in restaurants and bars. However, North Carolina's new law is not comprehensive because it allows smoking in areas such as nonhospitality workplaces and cigar bars. Michigan's smoke-free air law protects people from secondhand smoke exposure in restaurants, bars, and businesses. However, Michigan's law allows smoking on casino gaming floors.

Eliminating people's exposure to secondhand smoke has been a serious public health challenge for some time. Each year, nearly 50,000 heart disease and lung cancer deaths in the United States are attributed to exposure to secondhand smoke. The passage of smoke-free laws in Wisconsin, North Carolina, and Michigan is clear and measurable progress toward saving lives and protecting families in these states.

Broad Efforts To Control Tobacco Use In Puerto Rico

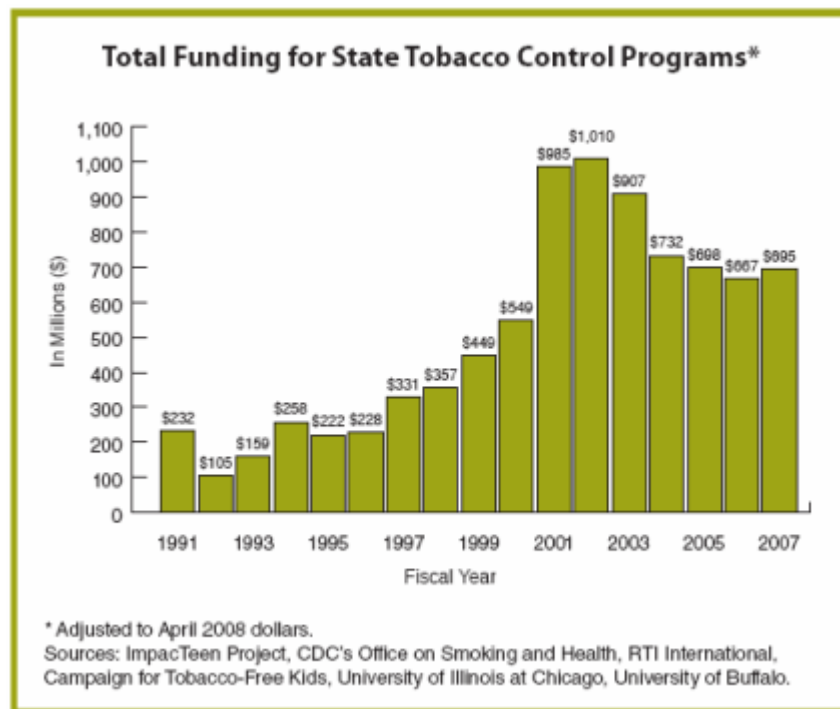
Puerto Rico is emerging as a leader in comprehensive tobacco prevention and control. The U.S. territory has passed a model comprehensive smoke-free policy that bans smoking in workplaces, restaurants, bars, casinos, and in cars with children younger than age 13. Puerto Rico also has increased its tobacco tax to \$2.23 per pack, exceeding the national average of \$1.34 per pack.

Funding from CDC helps support the tobacco control infrastructure in Puerto Rico. Puerto Rico's participation in the CDC-funded National Latino Tobacco Control Network (NLTCN) enhances this infrastructure. For example, the Puerto Rico tobacco control coalition recently used the NLTCN as a resource to help coordinate the removal of trainings and curricula sponsored by the tobacco industry in Puerto Rico's schools.

NLTCN staff helped coordinate and gather information from key network participants, use the media to alert and educate the public about the issue, and promote evidence-based curricula.

Puerto Rico has used CDC funding, recommendations, and resources such as the NLTCN to maximize its impact on tobacco use and initiation. As a result of Puerto Rico's comprehensive efforts aimed at tobacco prevention and control, the prevalence of tobacco use among adults in Puerto Rico (11.6%) is well below the U.S. national average (20.6%) and is the third lowest prevalence among all U.S. states and territories.

CDC funds six national networks to help advance the science and practice of tobacco control in the United States. The NLTCN is one of these networks and was established to foster collaboration between tobacco control experts, advocates, and Latino communities to address the health burdens created by tobacco use.



For more information or copies of publications referenced in this document, please contact

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

4770 Buford Highway NE, Mail Stop K-50, Atlanta, GA 30341-3717

E-mail: cdcinfo@cdc.gov • Web: <http://www.cdc.gov/tobacco>